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Carol Holdcraft interview for the Miami Valley College of Nursing and Health Oral History Project

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START OF TAPE 1, SIDE A

CAROL HOLDCRAFT

DATE

CINDY BURGER: My name is Cindy Burger, I'm a graduate student at Wright State University and I'm interviewing Dr. Carol Holdcraft today at Wright State University on the Oral History Project that we're doing specifically on the first ten years. Dr. Donna Miles Curry is here as well helping to conduct the interview. Dr. Holdcraft, we're going to talk a little bit about how you came to Wright State University and your personal background.

CAROL HOLDCRAFT: And I started off really by telling you that my personal background is I grew up in Dayton area and went to high school locally here and wanted to go to nursing school and Wright State at that point didn't have a nursing program. I graduated in 1967. So I went to University of Cincinnati and got my bachelor degree in nursing at that location. I was encourage at that point in time, The National Institutes of Mental Health were having funding to bring nurses in to get graduate degrees in psychiatric nursing. So the University of Cincinnati had some trainingships that were available. And so I was encouraged by my faculty to apply for a trainingship. It really hadn't been my intent. My intent had been to graduate and to practice and they were saying things like well you know the money's available. We don't know how long it'll be available. So when I graduated I did put my application in but I came back to the Dayton area and my first practice job was at Children's in Dayton and I began work the summer of '71 at Children's. So Wright State still didn't have a nursing program at that point but I got clear to about August and was working and really just getting my feet on the ground there and got a call from people at UC saying oh a trainingship just opened up if you can come and start in two weeks you can be part of this class. So I jumped at that opportunity and did enroll. Finished

my master's degree in psych nursing in 1973 and I came back to the Dayton area at that time and it was kind of interesting in Dayton because there was very few people who had higher education in nursing. And so I at that point because I really still didn't have much of a practice base under my feet was looking for a practice physician. So I sent my resume out to all the hospitals and went and made the circuits and did the interviews. It was kind of an interesting period of time because they were all interested to talk with me but they didn't quite know what to do with me was the feeling that I got. I interviewed, I remember interviewing with the head, chief nurses, I don't know exactly what their title was in the hospitals but Miami Valley and St. Elizabeth and they were people at that time that I believe were probably just diploma nurses and didn't even have a bachelor's degree. So, they were quite interested in the fact that I had a bachelor's and a master's but they really weren't really interested in employing me. So, at that point in time was the time frame when the community mental health centers were getting started in Dayton and Eastwood Health Center was advertising for a psychiatric nurse. And so I went and interviewed there and did get a position there and they were real interested in having someone with a master's degree because most of the people they were employing were masters prepared or hired in psychology or social work or whatever. And so I worked there for a few years and got a good experience in community mental health. Things were going along pretty well and there were as I recall there were a few shake-ups in terms of funding and some of those kinds of things from the state with the community mental health centers. I just remember at one point in time thinking you know maybe I need to take a look and see if there's any other kind of a job you know I've been doing this for a while. And so in probably spring of '75 I phoned the university out here, I phoned the School of Nursing and said you know I have a master's degree in psychiatric nursing and I just wondered if you had any openings for any faculty. And they said well send us your resume

and we'll be glad to take a look at it, blah, blah, blah. So I did that and in probably June of that year came out had an interview with Donna Dean at that point who was in an acting position of dean probably half hour, forty-five minute interview where we talked about a few things. But I really didn't get the sense that they were going to hire me. You know it wasn't that sort of feeling. And I remember walking, I remember them saying well why don't you, we'll take you over to where you can meet some of the faculty and so they walked me from Allyn Hall to the Field House area of Wright State and there were some offices and there were people that were faculty in a conference room that were having some sort of a meeting and they kind of just introduced me as somebody who was interested in a faculty position. And they were very nice and once again but they didn't seem to be in a hiring mode at that particular time. So I went home and thought oh well, you know think about something else. It was probably in the first or second week of July and I had really not paid too much attention to what was going on. I hadn't gotten any kind of a letter or response back about having interviewed and I get a phone call and it was Gert Torres and she said, "Hello, this is Gert Torres. I've just been hired as the new dean. I'm just getting started out at Wright State." And I said "Oh, that's nice." And she said, "Oh, I think we'd like you to come and work for us." And I'm thinking whoa.

CB: This was in 1975?

CH: This was in 1975. She had just, she must have started like July one because it was, it seems to me like it was right after the fourth of July. And I thought well that's different you know I had this interview and I think nothing and then somebody comes along and she's like I think we want to hire you. So I'm sure I came out and had an interview but I don't have much of a recollection of that but I did start to work for them then for the fall quarter in '75. And at that point I was teaching in a senior level clinical nursing course and Elaine Badagala was the other

psychiatric nursing faculty. So I really kind of consider her a mentor because I had done absolutely no teaching prior to that and she kind of just guided me along and lots of encouragement. And I remember that she's very positive about you know me as a teacher. I could do this and I would be good at this and you know gave me the sense that it was going to be a positive kind of thing. So very quickly in '75 once I was on the faculty, the faculty began talking about doing, undergoing a curricular change. Coming in as a newcomer I didn't know exactly why they were dissatisfied with the curriculum that they had but there seemed to be this movement that they were going to do a new curriculum and it was going to be good. It was going to be innovative, kind of cutting edge on the national scene. And I learned a little bit more about Gert Torres and I learned that she had been a consultant for the NLN going around the country doing consultations with programs that were undergoing curricular changes. So she was considered really the expert in the country on NLN's expert on curriculums at that particular point in time. So she started the faculty through the process of curriculum revision and I can remember that we met as an entire faculty and it wasn't a real huge faculty at that time. It was probably under twenty people who were part of that. Everyone was masters prepared except for Gert Torres who had a doctorate in education I believe and she brought Marjorie Stanton in as her associate dean and they had worked together before and there was some sort of a search committee, search process, interview process but it was pretty apparent that Marge was probably the most viable candidate at that point in time. And so it was interesting because the two of them really were, I think, worked together as a team in terms of the faculty. And Gert Torres was very charismatic. She was really funny. She was kind of quick witted and outspoken and you got the sense that she was very, very bright and very intelligent and very street smart and she kind of knew what was going on within the group. Marge Stanton on the other hand was sort of the mother figure of the group and she

would from a psych-nursing standpoint in terms of group dynamics, you know Gert was the task leader and Marge was the maintenance leader. Marge was the person who could sense when people were uncomfortable with certain kinds of things and would, you know would stop the action and get people to talk about what they were uncomfortable about you know why their nonverbals were you know the way they were. So I always thought they were a really good team together because they seemed to respect one another and allow one another to take on some of those leadership roles. But we worked very hard on that first year. I worked very hard just being a new teacher and having lots of lectures that I was pulling together and so forth but our committee meetings were pretty much focused around this curriculum change that we were doing. So we went through the process of identifying our mission, going through developing of philosophy and we didn't start with the philosophy that had already been written and make changes to it. We started from scratch with the idea of you know what are your beliefs and I remember them saying things like what are your beliefs about person, people and we would write things on pieces of paper and all of these would be put in and it was kind of anonymous process. You didn't have to sign your name to your beliefs but then once all the beliefs about person were together we began going through those and coming up with a consensus of what the group believed. One of the things that was interesting to me was having come from University of Cincinnati, a state system, was there were people among the faculty who really wanted the spiritual aspect of nursing to be reflected and to be part of the mission. And that was really a new concept to me because nobody at UC had talked about the spirituality of the person or other than identifying you know what religion does your patient profess to. You know that was about the extent of it. So I was kind of, I was a little surprised by that and it kind of felt like I was learning a lot from different faculty as they expressed their beliefs about different kinds of things. One of the things that I recall in the

early years that I was here was that it seemed like we were growing. Our numbers were increasing as far as our students and so we were continuing to hire new faculty fairly, on a fairly regular kind of basis. So the group was beginning to get bigger and most of the people who were hired were fairly young, new masters prepared people. There were a few people among the group that had had their masters for awhile and were practicing and taught in different kinds of settings but quite a lot of us were similar to me in that we were new, new masters faculty within a few years and this was the first teaching kind of opportunity for us.

CB: So that was a big challenge to be new to teaching and then the curriculum.

CH: Yes and the whole curriculum process. I think I had taken a course in my masters program called curriculum and instruction and other than that that was my only you know concept of what went into a curriculum.

DONNA MILES CURRY: What was your average week like?

CH: I remember that we had clinical that first year. I'm trying to remember whether we had it two days or three days a week in that very first curriculum pattern. It seemed like it might have even been three days a week of clinicals. I started out at the very beginning they told me that my clinical placement would be at St. Elizabeth's on the mental health unit and one of the things that I immediately sort of locked horns with people about was the nurses were still wearing uniforms there and they expected my students to wear uniforms and University of Cincinnati, that was a time frame when psychiatric nursing was undergoing a lot of change. I remember there was a textbook that we had had that wasn't really a textbook but it was kind of an additional book that was part of one of our courses that was about community mental health nursing and the subtitle of it was Out of Uniform and into Trouble. (Laughs) And community mental health nursing was kind of the people that were sort of forerunners of that field. The

people that were entrenched in the hospitals and state hospital systems were into doing things the way we'd always done them.

CB: Very traditional.

CH: Very traditional and so the people who really wanted to do things differently were moving into this new arena which was community mental health where there were no rules written. There were no roles for nurses prior to that time so you could make your own role. And so I was sort of coming out of that idea I remember thinking Dayton was really, really backwards as far as between Dayton and Cincinnati. I'm sure there was a huge you know fifty miles down the road there's got to be a huge difference but somehow or another the idea of advance practice nursing was taking hold in Cincinnati and really hadn't taken hold in Dayton yet. So I took my students there and they expected them to wear uniforms and they put a lot of rules such as I had to ask permission of the doctors to allow my students to interact or talk with their patients. And once again I thought this was just archaic that the doctors would have control over whether students would have access with patients because at the University Hospital in Cincinnati it was all about students and that was where I was used to doing things. So I spent a little bit of time at, with some students at St. Elizabeth's and then I said I've got to find a better place. So I went out to the VA Hospital and the VA Hospital because I was used to the VA in Cincinnati I thought would have a little more open attitude and indeed they did. Nurses had more power in the VA system. Doctors had much less power in that system. And so the other thing that was unique at the VA was that they had a clinical nurse specialist who was masters prepared who was Joan Barren in the early seventies. I think she came maybe '72, '73 around the same time I came back to the Dayton area she got the job at the VA. And so once again she was sort of an ally in terms of nursing's role progressing. You asked Donna about the typical week, I remember we had, we had meetings on a

half a day and I can't remember if it were Monday or Friday but it may have been Fridays at that point in time that we had no classes and no clinicals and everybody came together for their meetings. And then other days of the week, at least two days of the week we had clinical and at least two days of the week we had our classes and I think they were probably like two-hour classes at a time twice a week. We had team meetings to make sure that things were going well for the course.

DMC: That was with the new curriculum you had the two meetings, what I was kind of interested in was what was the change from when you first came and then when you went through this curriculum revision.

CH: I sort of recall we had team meetings all the way through.

DMC: So that part wasn't different.

CH: That part wasn't different. The course itself was different and I remember that we had a transitional year because we were finishing out, once we developed the new curriculum we started the incoming class, admitted class, on the new curriculum and so for a period of at least a year we were running both curriculums. And so some people were teaching, still continuing to teach the classes in the old and other which were in the new curriculum. But even at that point there were lots of ideas about how we should teach these courses and the kinds of assignments the students should have and there was a lot of innovation in terms of that thinking. And I remember us talking about incorporating some of the ideas into that last group that was going to graduate under the old curriculum because we felt like they were being cheated if they didn't have the opportunity. So one of the big things that was new in the curriculum that I was involved in was family. Family was one of the, we did individuals, families and communities as three different components and the family was a pretty new idea and during the senior year we

wanted to pick up a family and assess that family and then carry them throughout an entire year, three quarters worth of classes. And I believe that was one of the things we incorporated even into the older curriculum, which I think, started with that.

DMC: You've already mentioned a few challenges that you faced. Can you identify any other challenges you think of in fulfilling your role at Wright State?

CH: I think those were the primary areas. I always felt like Gert Torres and Marge Stanton were dealing with any concerns at the university level. I don't recall as a faculty member feeling like I needed to get really involved with the politics of the university. They would come back to meetings and they would tell us about things that were going on, things that we needed to be aware of and concerned about and then they would tell us what they were doing about it.

CB: Like what types of things? Do you remember?

CH: Um, probably turf kinds of issues, things about negotiating for prerequisite courses for our nursing students. Gert was, one of the things that Gert, I remember, thought about the nursing curriculum was that it was important for students to have an opportunity to have free electives to be able to take anything they wanted. And so she was always trying to carve out some credits that could be considered free elective credits because she thought a student should be able to take literature if they were interested in it or a foreign language or you know just some epiterek area that they would have some interest in. So she kind of had to do battle a little bit with the nursing faculty. The nursing faculty at that time had, I believe, we had a larger number of credits for nursing courses in the first curriculum than we did in the revised curriculum and she had an idea that we ought to have about half the curriculum should be nursing and about half of it should be humanities and general education and prerequisite sciences. And that there still ought to be the opportunity for you know fifteen, eighteen credits of free electives. Okay, so it was sort of turf

kinds of issues of negotiating back and forth for some of those kinds of things. Politically at the university I don't remember really any other, nothing stands out in my mind that we were involved in.

CB: How about your interactions with students? Especially ones in the changed curriculum.

CH: In the newer curriculum?

CB: Uh-huh.

CH: I remember just having I think always close relationships with the students. I think when you have students in a clinical setting you get to know them very well. When you have students in psych in particular the psych area is one where if students have their own personal issues they tend to come out and they start talking about things that perhaps have been issues with them from childhood or whatever. And my background in psychiatric nursing was that you were a role model for your students and that the faculty/student relationship in some ways was a mirror of the student/patient relationship. And so we would process and talk about things that were going on between the student and their patient and then we'd talk about the student nurse with the faculty member in terms of some the issues. And I can remember you know it was always real rewarding when students would have this ah-ha experiences when they would say, "Ah, you're doing with me what I'm supposed to be doing with my patient." And you'd just kind of smile and say, "Urn, yeah, go with that." The students were, I remember that the students felt like they had to work really hard in nursing. I remember that they were really glad when they were ready to graduate. And there were certain graduation rituals that they would do such as the ripping up of the uniforms, of the student uniform and decorating the hallways with the ripped up student uniforms. And that kind of progressed through the years. It kind of started small and it

got bigger and at one point it was a huge decorative process you know after the final exam of the final class that the students took and they would literally paper the hallways with posters and characteratures [sic] of faculty members and signs on everyone's doors and balloons and streamers and toilet paper and all kinds of things like that. We were always kind of amused by them. It was always fun to see what they would come up with next. I do recall that we went through a process of, because the original student uniform was kind of a pale yellow uniform with a apron, kind of a white apron type that came down the front of it and the students had to wear hats that sat on their heads that had green and gold ribbons on one side of it. It wasn't too long after Gert got started with the new curriculum that she began talking about uniforms and whether as professional nurses did we want the students to look that different from, we wanted them to look more like the professional role that they were moving towards. And so there was a uniform change, policy change for the students and it went from having that standardized uniform with the different colors to the students could select their own white uniform. It could be pants, it could be a dress if they wanted it and the only identifying part was a patch on their sleeve that identified them as Wright State students and no hat, no cap. We got rid of the caps. And once again that was sort of, that was a movement away from tradition in nursing and really toward where nursing as a profession was moving. And in some ways was a step ahead of where the Dayton community was because the Dayton community at that time nurses, all the nurses wore white uniforms, white hose, white shoes, wore their caps with pride, wore their pins and much more standardized.

CB: What were you trying to accomplish at Wright State? In the early years.

CH: In the early years? The first year I was trying to survive and I don't think that's changed over the years in the faculty. We tell them the first year you're trying to survive. I think

for me personally it was an opportunity to come back into nursing because in a sense I had my degree and I was immersed in nursing and then I came back to Dayton and went into community mental health where I was the only nurse in the setting and I didn't have a lot of nursing role models but it gave me the opportunity I think to develop some confidence and some skills and so forth. And so then when I came to Wright State I remembered thinking that for me it was that I was being embraced by the profession again. But it was the profession that was moving forward not the profession that was looking so much back at all of its [sic] traditions and roots. I remember it was a real exciting time to be part of that. And I think what I was trying to accomplish was just to be a contributor to that effort. I didn't at all feel like I was a leader within that body of faculty. I think that it was a community of peers, everybody's voice was listened to and respected but I didn't really have a clue where we ought to be going. I was sort of still too much of a novice in nursing myself to know that. So I was really trying to be a good collaborator with my peers and to develop something that was worthwhile in the Dayton area.

CB: I know you said that Dr. Torres and Dr. Stanton did a lot of the working with other people on campus, the politics of it but what do you recall of your relationships with the campus community? Other faculty outside of nursing, other administrators, do you recall?

CH: I remember being member of some university wide committees because we always had a university committee that we needed to be a part of. And I think that was the opportunity for me to learn what a university, how it operated and what went on and so I remember sitting on a number of different committees. I don't think they put me on real important committees at that point in time. I remember being on parking and grounds and you know different committees like that. I think that in some ways the other faculty were, they sort of looked upon the nursing faculty as being a little bit of different breed because we did spend a lot of our time off campus

and so they were always, I think, a little bit puzzled by us you know how we did our job and what we thought but it was positive relationships. I think it was respectful relationships. I don't remember anyone putting quote the nursing faculty down. I remember them not quite understanding what it is we did with students when we took them off to clinical setting. So you know they would ask questions about that kind of thing.

CB: You talked a little bit about you relationship with institutes, you talked about St. E's at the time with the caps and uniforms and the VA. What relationships do you recall with the School of Nursing at the time with some of the institutions in the community. How was that?

CH: Well, there were lots of organizations that we used and one of the things that was different and unique about our program was that we were going into some very nontraditional settings. I remember taking students to a, it seemed like it was called ECLC, Early Childhood Learning Center that was over on Bigger Road and as part of one of the well person courses in the new curriculum we were looking for sites where students could assess well children developmentally. And so we would negotiate, we would think up a place where we could go and find that experience and then we would make phone calls and get a contract and explain to people what we wanted to do and then get the contract and then the next quarter go out and take a group of students and these students would have an assignment that would relate to their objectives in the course. And we felt like we couldn't always find those things in the traditional hospital settings. We did use the traditional hospital settings I always used an inpatient psychiatric setting for the psych aspect of what I was teaching and we always had students going to medical/surgical area. We always had a relationship with Children's in Dayton for the pediatrics but in addition to having it with Children's we'd also have it with child care centers, with schools, with you know recreational kinds of settings if that were the case if we had a course

in during the summer. So the faculty were spending a lot of time I think looking for alternative kinds of sites. I remember at one point Gert saying that she wanted the Wright State nursing students to be known for the fact that our graduate could be dropped from an airplane or a helicopter into any setting, land on their feet and began assessing using the nursing process to do nursing in any setting because they would have the skills and the tools of using the nursing process and understanding that they could be a nurse in any setting. And that was really new for that time frame. You know a nurse at that time was someone who wore a white uniform in a hospital at a bedside. And that was pretty new.

TAPE STOPS AND RESTARTS.

CH: I think that for the most part the agencies allowed us; you know we were welcomed we could come into those settings. We did a lot of negotiating with people for what we wanted to do because sometimes their idea of what they were inviting us in to do and our idea of what we thought we should be doing with our students was different. The faculty, I think, spent a lot of time negotiating that role because the expectations sometimes from the nurses in a setting would be that the students would do a particular kind of a thing and we had different ideas about what we thought the students should be doing and so we kind of ran interference sometimes between the students and their staff about what was going on. But overall I can remember being at St. Elizabeth's and I can remember a staff member coming, a staff nurse coming up to me at one point and saying because I think I was apologizing you know am I in your way you know I need to find a place to talk to my student about what they're doing with their client and she said oh, no I just kind of like to listen in to what your [sic] saying and sometimes I wish we had somebody who we could talk to about our patients because you know at that point in time the nursing role was with their patients was fairly, fairly routine but there was that eagerness. To their credit St.

Elizabeth had a really advanced program in psychodrama that one of the psychiatrists I think had learned about and encouraged some of their nurses to go to some workshops to learn how to do psychodrama. And so they brought that back to the hospital and ran a psychodrama program which at that point was a you know was one of those new innovative therapies. So there was a readiness in some sense at the community level to begin to make these changes as well.

DMC: () the young Wright State School of Nursing?

CH: I can remember some of what was going on. In my personal life I worked for Wright State from '75 until June of '77. My son was born in July of '77 and so I took a leave of absence at that point and so you know kind of in my own developmental I was into producing babies. (Laughs) I was not necessarily into producing () products you know at that particular point. But I remember that the nursing process was a tool or an instrument or a methodology that was being, that had started really before I came to Wright State across the nation to be talked about but we were using it as the primary learning vehicle for students to learn how to do nursing. And I remember that there were no textbooks that talked about the nursing process and so Gert and Marge immediately said well you know we need to develop our ideas really solidly about how students should use the nursing process and then we'll write a book because there's this need, there's this gap in the textbooks. And so that's what happened. There was a textbook that came out on the nursing process that was based on the way the faculty had decided as a group that we would have our students do the nursing process. I remember some parts of it were that there would be subjective data and objective data and that the analysis was kind of a key concept that being able to analyze the data and come up with some conclusion as far as nursing diagnosis. That was a new concept at that point and that you would develop a plan of care out of this process of assessing, analyzing sight nursing and then developing appropriate plan of care.

And that the whole process would be driven from a theory base from a particular nursing theory base that was very new, hadn't be done much across the country at all. And so that book came out and I didn't have any part in the writing of that book but I was involved in the discussion about what nursing process ought to be. I remember, I mean we really wrangled I think with our thoughts and ideas about that as a cofaculty. That was one of the products. The other one was the nursing theories book and that came out of the idea in the new curriculum that we wanted the students to know about and be well versed in a variety of nurse theorists so that they could make a selection of the nursing theory that they felt most comfortable with personally. That they understood things and that they thought fit a particular situation. And so once again there were no textbooks for an undergraduate audience on nurse theorists. And so as part of one of the early courses in our curriculum and the idea was that they would in their very first course learn about a host of nursing theorists, about ten different nursing theorists, that they would learn about them and then as they moved through the curriculum in each course they might focus on one or two nurse theorists that they would then use to guide their practice during that particular quarter. So that by the time they graduated they would be a graduate who select intelligently from a variety of different theorists. So that was real new to me. I had read Hildegard Peplow's book and I, Faye Aguella's was part of my undergraduate curriculum program. So there were a few of the people that I knew of and had read but I hadn't really thought of them from a theoretical perspective at that point. So that was really new. I was involved early on with the Peplow chapter and then I dropped out of that one. I decided I was going to go home and have babies and do the parent thing for a while.

DMC: When you think back to Wright State--.

TAPE STOPS AND RESTARTS

CH: Actually I continued to have some contact doing some advent teaching, some clinical teaching periodically while my children were small and then I remember in 1979 and '80 being aware of the turmoil that was taking place on campus. I was kind of at home in my Kettering kitchen reading in the newspaper what was going on at Wright State and thinking whew, boy I'm glad I'm not out there right now. (Laughs) I remember having that thought. You know and sort of wondering what all was going on but the faculty were in the news. They were threatening to resign a couple of different times and there were issues obviously going on. (Pause) My daughter was actually born in the summer of 1980. So there was, I believe I got a phone call from somebody saying we're going to be needing faculty you know would you like to come back to teach. And at that point obviously I wasn't interested like I said I had two little children, three and a newborn and was ready to stay home for a while. And then in 1982 I got another phone call saying and this time it was from Donna Dean who had come back in 1982 and had been hired as an interim dean. I always got the impression it was with the idea that she would become dean and I had worked with Donna early on so they were looking for somebody that summer. So I went out and had an interview. I'm trying to remember now; maybe Donna came in as assistant dean. I'm forgetting some of the details because it seems like I came back and interviewed with Margaret Maloney at that point but I remember at some point Donna giving me the phone call.

DMC: When was that?

CH: This would have been in '82. I remember the phone call coming from Donna Dean and so she must have had a role as perhaps assistant dean but then I remember coming in and interviewing with Margaret Maloney. And Dr. Maloney was interested in knowing what I thought about those nurses that had been in leadership positions back in 1980. I think she

wanted to know if I was in cap or out of that cap.

CB: As far as the faculty leadership.

CH: As far as the faculty leadership you know when I interviewed with her. And I think that I was just kind of ready at that point. My youngest child was two years old and it was a time that I could put her into day care and my son was in day care also. So I felt like the two of them together, I had originally thought I'd wait until she was three you know so she'd get another year so she'd be okay. The opening was there and I wasn't sure it would be there in a year. So I came back in 1982 and Margaret Maloney was there for maybe a year. I'm not sure the exact time frame that I was involved with her. At that point the curriculum was the curriculum that had been revised and there were faculty who were still teaching who had been involved in the development of that new curriculum who had made the decision to stay on board after 1980.

And so by 1982 they'd kind of weathered most of the storm. They were on a fairly solid footing as far as we are going to survive and we are going to continue to have a nursing program. There was a lot of protecting of curricular issues. As new faculty were being hired they were being careful to sort of infiltrate people into the meaning of this curriculum so that they wouldn't lose the significance.

CB: In 1982 the curriculum was still very similar to the one in development.

CH: Yes, which was what we would call it an integrated curriculum that was based on a wellness to disaster kind of framework with individuals, family and community that were- -.

TAPE STOPS AND RESTARTS.

CH: Some of the things that were happening because there were some new faculty at that time who were working I think really hard to be sure that our graduates had good clinical skills, would be employable by the hospitals in the area, would pass their NCLEX state board exam and

would be able to be employed at the same time that they would still have that Wright State philosophy of community, wellness, being able to accept anybody, anyplace, anytime.

CB: So the philosophy really hadn't changed.

CH: The philosophy really hadn't changed. There was an effort, I think, to shore up some of the things that were viewed as making the graduates marketable and to make them marketable that early group that had come through the new curriculum, some of the criticism had been that they didn't have a strong skill base in technical skills. And so there was some effort to shore that up being done and I think during the period of upheaval there may have been some times when the NCLEX boards were dropping which probably was related to the fact that faculty and students were paying attention to things other than the classroom.

DMC: Do you remember what the strategies were?

CH: Skills lab, I think, was being utilized much more heavily at that point. All faculty were encouraged to be part of the check off for assessment and for skills lab kinds of opportunities. I don't remember having to teach skills in the skill lab but I remember being part of check off day when we would evaluate all of the students for assessment skills for certain kinds of skills. That's the only real strategy that I remember. I think we began doing NCLEX review courses and I think that may have been the time frame when we maybe did NLN review courses that some of our faculty participated in prepping students.

TAPE STOPS AND RESTARTS.

DMC: Okay, you haven't left yet.

CH: I haven't left Wright State since then.

DMC: So there's twenty years since you came back.

CH: I think that one of the things I fell in love with when I got into teaching was the whole

teaching/learning process and working with students was something I hadn't anticipated when I got into nursing I really had a clinical focus and that was what I thought I wanted to do and I hadn't really realized how rewarding working with students who would then go on to bigger and greater things would be. When I did come back in '82 it became apparent probably by '83 or '84 that I would need to go back and get a doctorate in order to stay in education. And I really made the decision at that point that this was where I wanted my career to continue to move in. So it was, I think it was in 1985 that a clinical track was introduced at the university level and was kind of pushed through by Jeanette Lancaster who was dean of faculty at that point in time, to enable a group of faculty to have a period of time, five years was the plan. It would go from 1985 to '90 and people who had been on tenure track lines in the faculty would be switched to a clinical track line and have that period of time to go and get their doctorate completed to be able to be on that particular track line for tenures. And so one thing that changed over my career here are the tenuring requirements. People were tenured at the masters level in the early days when I was here based on good solid teaching, making positive service contributions to the university and to the community, some scholarship in the form of I think the writing of the textbooks, the two textbooks which were reviewed as a faculty activity that would move people toward that. Having the doctorate was something that became an expectation somewhere along the line, probably '80, probably early eighties was when that expectation began to happen. There were still a few people who were tenured in rank as assistant professor level.

TAPE STOPS AND RESTARTS.

CH: Because they had a certain longevity and a certain, they had really made a strong contribution to the program and that we deserved to be tenured and were tenured for that time. But the expectations changed at that point that you would have to have a doctorate. And so once I

kind of started that process that became a focus for a while to carry out for me. I think for women in academia being able to balance their personal lives, their family, child rearing expectations as well as the expectations of the academy, scholarship and publication and research and higher education, I think was a tremendous kind of juggling act for people at the time.

CB: ()

CH: I felt like I learned a lot in those early days at Wright State with the School of Nursing was a separate masters degree in terms of nursing education. My first degree was a clinical specialist. My second unofficial degree was really that time with Gert Torres and Marge Stanton when the curriculum was developed and the whole idea of nursing theory and nursing process and the direction that we should go in was being developed here. And then I got my, you know second official degree in terms of going back for my doctorate. And once again what was interesting to me was that some of the things that I learned were reaffirmed, some of the things I recognized were not necessarily as we had thought. The nursing theories textbook was not as well thought upon, as you know in my doctoral program. Those really aren't theories and I had to relearn some stuff to really understand what a theory was and how it should guide practice and research and so forth. So it really lead me kind of a long way. My real goal for getting my doctorate was to become the consummate faculty member, researcher, scholar, educator, service provider and so when Pat Martin became dean and asked me to step into the role of assistant dean I wasn't real sure I wanted to do it. (Laughs) But I think developmentally with my career, the challenges of administrating are sort of the next step. You begin to see that you can have an effect on how things go. It's not your personal affect but it's your affect on the system and how the system is operating which is quite challenging.

DMC: If you don't mind because you're the first person that we've interviewed that's been

here since the first ten years. Could you then little bit describe what you might want to look at for another curriculum revision if the school went through, for instance how we came back in the early eighties the curriculum was pretty much, you tore up the curriculum.

CH: Right.

DMC: But that's not the curriculum the college has right now. Could you kind of address that?

CH: Yeah, I think it was around 1990 when we began additional curriculum change process. And it had felt like for probably the last five years before that that people were holding together a curriculum. They were, there were people who were rallying around the idea that we shouldn't change that we had something good here. It was really innovative but times had changed and we had numerous complaints from students about the integrated nature of the curriculum. Having an integrated curriculum meant that students didn't always get their clinical experience at the same time that they were hearing about that particular specialty area in class. That was one area of concern. Nursing in general, I think, had undergone a tremendous change. It was becoming much more technological, the computer age and the computer aspect and an information age had come into nursing. And so there was a real sense that we needed to really take a look at things and begin over again. Jean Swart, when she was hired and I believe that would have been about 1990, the faculty were really primed and ready for a curricular change process. And so she came with the understanding that she would lead the faculty in developing a more innovative curriculum for the time, at that point. And so that process then we underwent some of the same kinds of things that were done during the first curricular process. We looked at the mission, looked at the philosophy and we made changes and really updated those at that point. And the new curriculum, the curriculum that had been in affect [sic] since that point in time had

smaller blocks of classes. It had the classroom clinical content matched up. It had the strong thread of cultural diversity that runs through it. It continues to have a strong thread of health and well being that runs through it. It continues to have a research thread. You know many things that have some similarities to the curriculum that was in place prior to that but it's a little bit more modular, a little bit more, we have some foundational courses that are smaller courses that then clinical courses then build upon.

TAPE STOPS AND RESTARTS.

CH: - -Course was real important.

DMC: Is there anything that we didn't talk about?

CH: It's really been interesting to be part of the evolution of a fairly new organization in the School of Nursing. And it really was back in 1975 when I first started and it was really taking baby steps in curriculum kinds of things to the point of being at this point where we have you know large numbers of graduates that are all over the Dayton, the region even the national area you run into people that are Wright State graduates at every nursing conference that I go to. To see that people who are in leadership positions in nursing at the State, at the Board of Nursing, in all of the hospitals in the Dayton area, in Schools of Nursing and Colleges of Nursing across the country there are people who are Wright State graduates who now have their doctorates, who are teaching, who are researchers. Rebecca Campbell coming back to campus or back to the Dayton area for a workshop and she came out and just to be able to sort of see the difference that has been made by people that have come through this program has been really interesting to be a part of. And I will, you know I think I will look back fondly when I'm retired, when I'm being asked to give some of my millions to the development fund for the college that I've been part of from sort of from the beginning. I think it will be neat. It's been fun. Thank you very much.

DMC: Thank you.

END OF INTERVIEW